

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IDENTIFICATION OF SNPS ASSOCIATED WITH HYPERLIPIDEMIA,
DYSLIPIDEMIA AND DEFECTIVE CARBOHYDRATE METABOLISM**

the specification of which

(check one) ☒ is attached hereto

 ☐ is Application No. _____, which was filed on _____ as the
 National Stage of _____ and was amended on _____

 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application.

I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>04003554.5</u>	<u>Europe</u>	<u>February 17, 2004</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Filing Date)	Yes	No

(Application Serial No.)	(Filing Date)	(Status)
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All attorneys and patent agents associated with Customer No. 1473

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